

Inmate ID #

☐ Entered



Nashville Consortium of Safety Net Providers Application

The following information is required for participation in Bridges to Care. Please complete each item. If you do not understand any of the items, please ask for help.

Name:		First	Middle	Last
Parent/Guardian Name (if patient is a minor)				
Street Address		Apt. #	City	State Zip Code
Mailing Address (if different)				
448 Second Avenue, North Nashville, Tennessee 37201				
Phone Number () —		Name and phone number of person to contact in an emergency () —		
Birth Date / / <small>Month/Day/Year</small>	Age	Sex	Race (Circle one) Black White Asian Native American Pacific Islander	
Hispanic? Yes No	Primary Language	Speak English? Yes No	Read and Write? Yes No	Last grade completed?
Years lived in Nashville	Homeless? Yes No	Country of Origin	County of Current Residence	
<i>The following information is required to determine eligibility for some medical and dental services.</i>				
Social Security Number - -	# in Family	Family Income	Hours worked per week	Amount of cash assets
Family Status (circle one if applicable)				
Married/children under age 6	Married/no children	Single/children under age 6	Single/no children	

If you have children in your household for which you are the parent or guardian, please supply information about each child on the reverse side of this form.

This application cannot be accepted without a signed BTC patient release of information form. Please sign two BTC patient release of information forms. Give this completed application along with the release forms to the admission or check out desk. If you have questions, call the BTC office at 760-2799. Thank you for participating in Bridges to Care.

Please provide this information for each child in your family/household.

Name:		First	Middle	Last
Birth Date / / Month/Day/Year	Age	Sex	Race (Circle one) Black White Asian Native American Pacific Islander	
Hispanic? Yes No	Primary Language	Speak English? Yes No	Read and Write? Yes No	Last grade completed?
Social Security Number - -				

Name:		First	Middle	Last
Birth Date / / Month/Day/Year	Age	Sex	Race (Circle one) Black White Asian Native American Pacific Islander	
Hispanic? Yes No	Primary Language	Speak English? Yes No	Read and Write? Yes No	Last grade completed?
Social Security Number - -				

Name:		First	Middle	Last
Birth Date / / Month/Day/Year	Age	Sex	Race (Circle one) Black White Asian Native American Pacific Islander	
Hispanic? Yes No	Primary Language	Speak English? Yes No	Read and Write? Yes No	Last grade completed?
Social Security Number - -				

Name:		First	Middle	Last
Birth Date / / Month/Day/Year	Age	Sex	Race (Circle one) Black White Asian Native American Pacific Islander	
Hispanic? Yes No	Primary Language	Speak English? Yes No	Read and Write? Yes No	Last grade completed?
Social Security Number - -				